

FERENCE & ASSOCIATES

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FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (703) 746-7239

Date: August 20, 2004
Pages: 14 pages (including this cover sheet)

MESSAGE:

Application No. 09/828,402
Examiner John Q. Chavis
Art Unit 2124

Amendment Transmittal
Amendment

JP9-1999-0308US1
(590.047)

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FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. JP9-1999-0308US1
(590.047)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Koseki et al.
Serial No. : 09/828,402 Examiner : John Q. Chavis
Filed : April 6, 2001 Group Art Unit : 2124
For : COMPILER

HON. COMMISSIONER OF PATENTS AND TRADEMARKS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF FACSIMILE TRANSMITTAL

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 746-7239 on August 20, 2004 to the Assistant Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)



(Signature of person transmitting paper or fee)

Page 1 of 2

FERENCE & ASSOCIATES
Amendment Transmittal

 Atty. Docket No. JP9-1999-0308US1
 (590.047)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☐ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		<u>SMALL ENTITY</u>				<u>OTHER THAN A SMALL ENTITY</u>	
					<u>RATE</u>	<u>FEE</u>			<u>RATE</u>	<u>FEE</u>
Total	16	** 20	= * 0	x	\$9	=	O	x	\$18	=
Claims							R			
Ind.	9	*** 9	= * 0	x	\$43	=	O	x	\$86	=
Claims							R			
<input type="checkbox"/> Multiple Dependent Claim Presented				+	\$145	=	O	+	\$290	=
							R			
					<u>TOTAL</u>	= \$	O		<u>TOTAL</u>	= \$
							R			

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510. A duplicate copy of this communication is attached.

Respectfully submitted,

FERENCE & ASSOCIATES

By


 Stanley D. Ference III
 Reg. No. 33,879
Dated: August 20, 2004

Mailing Address:

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